

without disabilities. It is important for providers, payers, purchasers and other stakeholders to understand what these needs are so that they can be met more appropriately.

- Information about health plan and health care deficits is an important step in quality improvement for all consumers. Because they are on average higher users of care and often use a large variety of services, persons with mobility impairments are likely to identify important plan deficits that may be evident to consumers without disabilities.

- More persons with mobility impairments are being offered complex choices about both health plan options and health care quality.

In CAHPS II, we are focusing on a single type of impairment, specifically mobility impairments, which can be used as a starting point for development. We define "mobility impairment" as a functional impairment of the lower limbs. Some health care needs of people with and without mobility impairments are similar; for example, everyone needs preventive screening services and counseling about healthy behaviors. Mobility impairments severe enough to require an assistive device usually stem from a condition requiring additional preventive and specialized health care needs such as examining tables that can be adjusted for easy transfer, and accessible diagnostic equipment and rest rooms. The mobility impairment may be accompanied by upper limb mobility impairments, chronic pain, impaired cognition, and/or behavioral co-impairments such as anxiety or depression. Consequently even though initially we are directly addressing the specific needs of people with mobility impairments, we will also be indirectly addressing the needs of people with other types of impairments.

Dated: March 10, 2005.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 05-5436 Filed 3-18-05; 8:45 am]

**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### CDC-INFO Contact Center; Announcement

**AGENCY:** Centers for Disease Control and Prevention.

**ACTION:** Public notice.

**SUMMARY:** The Centers for Disease Control and Prevention announces a new consolidated consumer response service for health information inquiries called the CDC-INFO Contact Center and is phasing out of numerous existing hotlines and clearinghouses serving those purposes.

**SUPPLEMENTARY INFORMATION:** This notice is being published pursuant to The Office of Management and Budget (OMB) Circular A-130, "Management of Federal Information Resources," Section 8.a.6.(j) which requires federal agencies to provide adequate notice when initiating, substantially modifying, or terminating significant information dissemination products.

CDC is transitioning to a new consumer response service (CRS) offering that will consolidate virtually all of CDC's existing hotlines, clearinghouses, and other information fulfillment services for the public and health professionals seeking health information from CDC. Beginning in February 2005 and extending over the following 2-3 years, the breadth of CDC's health topics will be transitioned into the new consolidated service.

The CRS will handle incoming calls, fax transmissions, postal mail, e-mails, and web inquiries, 24 hours a day, every day. Responses will be provided verbally, via fax, e-mail, interactive web, or postal mail based on the nature of the information request and the caller's preferred response method. The service will be multilingual (Spanish initially) and include services for the hearing impaired.

As the current services are transitioned, existing hotlines and clearinghouses will be phased out. Targeted notifications will be disseminated to the particular communities of interest as each health topic is transitioned. Similarly, the CDC voice/fax information service, (CDC VIS) which is an interactive voice response system will be phased out when the majority of health topics have been transitioned.

The overall objective of the CDC-INFO Contact Center is to ensure the dissemination of consistent, timely, reliable health information to a variety of consumers, and to address variations in the number of inquiries related to public health emergencies, news events, and dynamic, shifting public health priorities. Specific objectives are to bring CDC closer to citizens and improve their ability to access health information from CDC. The CDC-INFO Contact Center will provide service at the first level of contact to give citizens the health information they want, when

they want it, and how they want it. In addition to optimizing customer interactions, the CDC-INFO Contact Center will reduce the unit cost of providing health information, support accountability, and employ performance-based metrics to meet customer satisfaction goals.

**FOR FURTHER INFORMATION CONTACT:**

Dottie Knight, CDC, telephone 404-498-3208 ([dsnknight@cdc.gov](mailto:dsnknight@cdc.gov)) or Suzi Gates, CDC, telephone 404-639-7829 ([sgates@cdc.gov](mailto:sgates@cdc.gov)).

Dated: March 14, 2005.

**James Seligman,**

*Chief Information Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-5495 Filed 3-18-05; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Community and Tribal Subcommittee of the Board of Scientific Counselors (BSC), National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC): Teleconference.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), The Centers for Disease Control and Prevention, NCEH/ATSDR announces the following subcommittee meeting:

*Name:* Community and Tribal Subcommittee (CTS).

*Time and Date:* 3 p.m.-4:30 p.m., April 4, 2005.

*Place:* The teleconference will originate at the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry in Atlanta, Georgia. Please see "Supplementary Information" for details on accessing the teleconference.

*Status:* Open to the public, teleconference access limited only by availability of telephone ports.

*Purpose:* Under the charge of the Board of Scientific Counselors, NCEH/ATSDR, the Community and Tribal Subcommittee will provide the Board with a forum for community and tribal first-hand perspectives on the interactions and impacts of the NCEH/ATSDR's national and regional policies, practices and programs.

*Matters to be Discussed:* The teleconference agenda will include continuing discussions from the last teleconference of January 8, 2005, on obtaining directions from the Board on their

expectations from the CTS; the community tool kit; faith-based initiative/emergency preparedness; partnering with the Program Review Committee; and an open discussion of other important issues.

The agenda is subject to change as priorities dictate.

*Supplementary Information:* This conference call is scheduled to begin at 3 p.m. eastern standard time. To participate in the teleconference, please dial (877) 315-6535 and enter conference code 383520.

*For Further Information Contact:* Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, M/S E-28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/498-0003.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

Dated: March 15, 2005.

*Alvin Hall, Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 05-5494 Filed 3-18-05; 8:45 am]

BILLING CODE 4163-70-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10133]

#### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

**AGENCY:** Center for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration.

We cannot reasonably comply with the normal clearance procedures because of an unanticipated event and possible public harm. As a result of a statutory deadline, we are requesting expedited review and approval of the Medicare Part B Drug and Biological Competitive Acquisition Program (CAP) bidding forms. Without approval of these forms on an emergency basis, potential vendors/suppliers will not be able to participate in the program for which they are essential.

In particular, CMS has accelerated the normal "statute to regulation" process in order to meet the CAP's statutory implementation deadline of January 1, 2006. CMS placed the proposed rule (CMS-1325-P) on display on February 25, 2005, and the proposed rule was published in the **Federal Register** on March 4, 2005. CMS anticipates publishing the final rule during the last week of May 2005. We are requesting to use the expedited approval process for the collection requirements so that we can begin collecting bids from potential vendors on June 1, 2005, and award contracts by August 2005. Therefore, we are requesting OMB approval for these forms no later than May 26, 2005. The CAP Physician election process will begin on October 1, 2005. Physicians who elect to participate in the CAP can begin receiving their drugs through a CAP vendor on January 1, 2006.

This request covers the CAP Vendor Application and Bid Form, the CAP Drug Vendor Application Guide, and the CAP Physician Election Agreement. The CAP Vendor Application and Bid Form will be used by potential vendors to provide information related to the characteristics of their company and to submit their bid prices for CAP drugs. The CAP Drug Vendor Application Guide is an informational piece intended to facilitate completion of the application. The Physician Election

Agreement will be used by physicians to elect to participate in the CAP program.

CMS is requesting OMB review and approval of this collection by May 26, 2005, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by May 15, 2005.

*Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Competitive Acquisition Program Applications; *Form No.:* CMS-10133 (OMB# 0938-New); *Use:* The forms included in this request (CAP Vendor Application and Bid Form) will be used by potential vendors to provide information related to the characteristics of their company, record their bid prices for CAP drugs, and provide information about the company's finances. Physicians will use the Physician Election Agreement to elect to participate in the program beginning October 2005 and begin receiving their drugs through a CAP vendor January 2006; *Frequency:* Upon Occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Individuals; *Number of Respondents:* 70,025; *Total Annual Responses:* 70,025; *Total Annual Hours:* 18,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.cms.hhs.gov/regulations/prra> or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by May 15, 2005:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C5-13-27, 7500 Security Boulevard, Baltimore, MD 21244-1850; Fax Number: (410) 786-0262; Attn: William N. Parham, III, (CMS-10133); and,

OMB Human Resources and Housing Branch, Attention: Christopher Martin (CMS-10133), New Executive Office Building, Room 10235, Fax Number (202) 395-6974; Washington, DC 20503.